

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)								SERIAL NO. 10/520,810	FILING DATE				
CLAIMS								AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.			
1							51		1				
2			1				52		1				
3			2				53		1				
4			2				54		1				
5		0					55		1				
6							56		1				
7			1	1			57						
8	1	1					58						
9							59						
10	1	1					60						
11							61						
12		1					62						
13		1					63						
14		3					64						
15		3					65						
16		1					66						
17	0						67						
18	0						68						
19	0						69						
20	1						70						
21		1					71						
22		2					72						
23	2						73						
24		0					74						
25							75						
26		1					76						
27	1	1					77						
28	1						78						
29	1						79						
30		1					80						
31		1					81						
32		1					82						
33		1					83						
34	1						84						
35		1					85						
36	1						86						
37		1					87						
38	1						88						
39		1					89						
40			1	1			90						
41		1					91						
42		1					92						
43		1	1				93						
44		1	1				94						
45		1					95						
46		1	1				96						
47		1					97						
48	1						98						
49		1					99						
50		1	1				100						
TOTAL IND.			8				TOTAL IND.	8					
TOTAL DEP.				20			TOTAL DEP.	20					
TOTAL CLAIMS			28				TOTAL CLAIMS	28					